County Name_____

HSD-3 HOSPITALS AND OTHER CONTRACTING PROVIDERS

Skilled Nursing Facilities, Psychiatric Hospitals, Home Health, Surgical Centers, Labs, Rehab Facilities, Rural Health Clinics, etc.

Name and Type of Provider					
Location *Street, City, State, Zip Code*					
Medicare Payment Arrangement					
Title 18 Certification # OR Provider #					
Service Provided: *Outpatient:*					
Anesthesiology					
Emergency Room					
Laboratory (Pathology)					
Physical Therapy					
Radiology					
Service Provided: *Inpatient:*					
Total # Beds					
# Title 18 Beds					
Medicine					
Surgery					
Obstetrics					
ICU/CCU					
Title 18 Psychiatric Beds					
Other					
Serves Commercial Only					
Serves Commercial and Medicare					
TOTALS					

Hosp&other.xls.7/99

Prepare a separate table for each county requested.

Skilled Nursing Facilities, Psychiatric Hospitals, Home Health, Surgical Centers, Labs, etc.	**TABLE HSD-3**

Instructions:
Provide a separate table for each county or partial county.

For radiologists/anesthesiologists/pathologists: list only those that are employees or subcontracted by the
hospital/clinic, or employed by a medical group or groups.

If the hospital provides multiple services (skilled nursing facility services, home health services or end-stage renal
disease services) list each service in a separate column.

Row Explanations:
1. Name of Provider - Enter name and type of contracted entity. List first all Hospitals then SNFs, Psychiatric Hospitals,
Home Health Agencies, Surgical Centers, Labs, Rehab Facilities, and Rural Health Clinics etc. (Use codes below)

SNF = Skilled Nursing   PH=Psychiatric Hospital
RF= Rehab Facility   RHC= Rural Health Clinic
SC= Surgical Center   L=Lab
HH= Home Health   ESRD=End Stage Renal Disease

2. Location - Enter street/city/state/zip code.

3. Medicare Payment Arrangement - FS=Fee Schedule, DFS=Discounted Fee Schedule, CAP=Capitation etc. - Identify
the method used to pay contracted providers

4. Title 18 Certification # or Provider # - Self-explanatory.

5. Services Provided - In Outpatient categories enter "Yes" for all services provided. (Leave blank if not applicable.)

In Inpatient categories enter actual bed count for each breakdown listed; if none, enter zero (0).
(If Surgery or Coronary Care Unit bed co above).

6. Serves Commercial Only/Serves Commercial & Medicare - Please check which one applies.